| ממא | lication | or | Docket | Nun | iber |
|-----|----------|----|--------|-----|------|
|     |          |    |        |     |      |

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                    |   | SMALL ENTITY TYPE |                       | OR                     | OTHER THAN<br>OR SMALL ENTITY |                     |                        |  |
|--|--|---|--------------------|---|-------------------|-----------------------|------------------------|-------------------------------|---------------------|------------------------|--|
| FOR  |  | NUMBE                                     | R FILED            | NUMBER EXTRA                                |                   | RATE                  | FEE                    | 1                             | RATE                | FEE                    |  |
| BASIC FEE  |  | * 100 <b>2</b>                            |                    |   |                   |                       | 345.00                 | OR                            |                     | 690.00                 |  |
| то   | TAL CLAIMS   |   | minus 2            | 0= -  | ) .               | X\$ 9=                |                        | OR                            | X\$18=              |                        |  |
| INDEPENDENT CLAIMS 3 = *   |  |   |                    |   | X39=              |                       | OR                     | X78=                          |                     |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                    |   |                   |                       |                        | OR                            | +260=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                    |   |                   | TOTAL                 |                        | OR                            | TOTAL               | (091                   |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |                    |   |                   | SMALL I               | ENTITY                 | or                            | OTHER<br>SMALL E    |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | RATE                  | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | . 20                                      | Minus <sub>.</sub> | - 20  | =                 | X\$.9=_               | 1                      | ОR                            | X\$18=              |                        |  |
| AME  | Independent  | MITATION OF M                             | Minus              | ENDENT CLAIM                                | =                 | X39=                  |                        | OR                            | - X6                | 83                     |  |
|  | FIRST PRESE  | NIATION OF M                              | OLTIPLE DEP        | ENDENT CLAIM                                |                   | +130=                 |                        | OR                            | +260=               | ملاء                   |  |
|  |  |   |                    |   |                   | . TOTAL<br>ADDIT. FEE |                        | OR                            | TOTAL<br>ADDIT. FEE | 45                     |  |
|  |  | (Column 1)                                |                    | (Column 2)                                  | (Column 3)        |                       |                        |                               |                     |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | RATE                  | ADDI-<br>TIONAL<br>FEE | :                             | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus              | **  | =                 | X\$ 9=                |                        | OR                            | X\$18=              |                        |  |
| <b>AME</b>   | Independent  | *   | Minus              | ***   | =                 | X39=                  |                        | OR                            | X78=                |                        |  |
|  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEP        | ENDENT CLAIM                                | ·                 | 100                   |                        |                               | 222                 |                        |  |
|  |  |   |                    |   |                   | +130=<br>TOTAL        | -                      | OR                            | +260=               | _                      |  |
|  |  |   |                    |   |                   | ADDIT. FEE            |                        | OR                            | ADDIT. FEE          |                        |  |
| <u> </u>   | The State of the Control of the Cont | (Column 1)<br>CLAIMS                      |                    | (Column 2)<br>HIGHEST                       | (Column 3)        |                       | -                      |                               |                     |                        |  |
| ENT C  |  | REMAINING<br>AFTER<br>AMENDMEN'T          |                    | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA  | RATE                  | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT  | Total  | *   | Minus              | **  | =                 | X\$ 9=                |                        | OR                            | X\$18=              |                        |  |
| ME   | Independent  | *   | Minus              | ***   | =                 | X39=                  |                        |                               | X78=                |                        |  |
| L  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEP        | ENDENT CLAIM                                |                   |                       |                        | OR                            |                     |                        |  |
|  | If the entry in colur  | nn 1 is less than t                       | the entry in colu  | mn 2. write "0" in co                       | olumn 3.          | +130=                 |                        | OR                            | +260=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                    |   |                   |                       |                        |                               |                     |                        |  |